PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003												
								10/680133				
CLAIMS AS FILED - PART I (Column 1) (Column 2)							: 1	SMALL TYPE	ENTITY	OR	OTHER SMALL	
T	OTAL CLAIMS							RATE	FEE	7	RATE	FEE
F	DR .		NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.00
TO	TAL CHARGE	ABLE CLAIMS	/ minus 20=		. =-			X\$ 9:	:	OR	X\$18=	
IN	DEPENDENT C	LAIMS	Zm	inus 3 =	• -			X43=		OR	X86=	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					1.5	<del>-   .</del>	1		
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=		OR	L	
								TOTA	- '	OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER . AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE
	Total	17	Minjus	- 20	)	= -		X\$ 9=		OR	X\$18=	
AME	Independent	. 4	Minus	3		=		X43=		OR	X80=1)	200
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=	
								TOTA	_1	OR		7 000
(01)								ADDIT. FE		OR	ADDIT. FEE	200
		(Column 1) CLAIMS	(	(Colum		(Column 3)	1 6		1 4001	<b>-</b> 1		4551
ENT B		REMAINING AFTER AMENDMENT		NUMB PRÉVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	<del>dd</del>		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***	O1 4414	=		X43=		OR	X86=	
	PIRST PRESE	NTATION OF ML	LIPLE DEF	ENDENT	CLAIM	<u> </u>	'	+145=		OR	+290=	
TOTAL ADDIT. FEE										OR	TOTAL	•
(Column 1) (Column 2) (Column 3)									: <b></b>		ADDIT. FEE	
	CLAIMS		HIGHE		ST		Ĺ		ADDI-	1		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT	·	PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
<b>∑</b>	Total	•	Minus	**		= .		X\$ 9=		OR	X\$18=	
WE	Independent	*	Minus	***		_=		X43=	1	1	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									<del></del>	OR	7.00=	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+290=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL ADDIT. FEE	
		noer Previously Paid ber Previously Paid					r for	nd in the a	poropriate h	ox in col	umn 1.	

Application or Docket Number